



Marijuana Regulatory Agency  
P.O. Box 30205, Lansing, MI 48909  
Telephone: (517) 284-8599

## **INDIVIDUAL DEMOGRAPHICS**

### **Applicant Individual**

(Individual Seeking State Operating License as a Sole Proprietor)

- ☐ Initial Prequalification Application  
☐ Refiled Application of Lapsed Prequalification

**LICENSE TYPES:** Indicate the license type(s) and projected number for which the applicant individual will be applying. Please see the Application Instruction Booklet for information on application fees and how they are assessed.

**Note: Application fees are nonrefundable.**

	License Types	Number of Licenses	Description of License
<input type="checkbox"/>	Grower Class A		Grower license for 500 marijuana plants
<input type="checkbox"/>	Grower Class B		Grower license for 1,000 marijuana plants
<input type="checkbox"/>	Grower Class C		Grower license for 1,500 marijuana plants
<input type="checkbox"/>	Processor		License authorizes purchase of marijuana from a grower and sale of infused-products or marijuana to a provisioning center.
<input type="checkbox"/>	Secure Transporter		License authorizes storage and transportation of marijuana and associated money between facilities.
<input type="checkbox"/>	Provisioning Center		License authorizes the sale of marijuana to a registered qualifying patient or registered primary caregiver.
<input type="checkbox"/>	Safety Compliance Facility		License authorizes the facility to receive marijuana from, test marijuana for, and return marijuana to only a marijuana facility or registered primary caregiver.

**OTHER LICENSE APPLICATION AFFILIATIONS:** If the applicant is a supplemental applicant of or providing capital to another applicant entity under the Medical Marijuana Facilities Licensing Act, 2016 PA 281 (MMFLA), please provide the following information (use related addendum if additional pages are necessary).

Entity Name/ERGA	License Type(s)	Interest/Involvement	Capital Contribution (Y/N)
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## **DEMOGRAPHIC INFORMATION**

Please provide the following information regarding the applicant individual.

<b>Individual's Name</b> (First, Middle, Last)			<b>Doing Business As</b> (as used in conducting business, if applicable)	
<b>Individual's Mailing Address</b>			<b>SSN</b>	<b>D.O.B.</b>
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Individual's Phone</b>	<b>Individual's Email Address</b>
<b>Business Mailing Address</b>			<b>Business Phone</b>	<b>Business Email Address</b>
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Business Website</b> (if available)	
<b>Business Physical Address</b>			<b>City</b>	<b>State</b> <b>Zip Code</b>

## **PERSON COMPLETING APPLICATION**

Please provide the following information regarding the person completing this application.

<b>Name</b> (First, Middle, Last)	<b>Affiliation with Individual</b>
<b>Mailing Address</b>	<b>Entity Name</b> (if applicable)
<b>City</b> <b>State</b> <b>Zip Code</b>	<b>Phone</b>
<b>Regulatory License No.</b> (if applicable)	<b>Email Address</b>